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State of Illinois

THE EDUCABLE MENTALLY HANDICAPPED CHILD IN ILLINOIS

(THIRD EDITION)

COMMISSION FOR HANDICAPPED CHILDREN

1949

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EDUCABLE
MENTALLY HANDICAPPED
CHILD
IN
ILLINOIS

(Third Edition)

State of Illinois

COMMISSION For HANDICAPPED CHILDREN

STATE OF ILLINOIS

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FOREWORD

The increasing interest in the problems of the educable mentally handicapped has been made evident by the demand for the preceding edition of this pamphlet.

Request for copies have consistently increased. The distribution has been varied, and the interest in this group of children on the part of educators, legislators, welfare agencies, and the public in general has been very gratifying.

The Commission for Handicapped Children, charged with the responsibility of developing a more adequate program for all types of handicapped children, is considerably heartened by this response.

The progress in the Illinois program for exceptional children has been continuous. The trend towards more special classes in the public schools for the mentally handicapped and the increasing concern for adequate statewide diagnostic service are the result of constant study and public enlightment. The ultimate goal, however, has not yet been reached. There still is a crying need for increased facilities for care and for a greater public awareness and acceptance of the handicapped child. Of primary importance, is the great need for personnel of all kinds, specifically trained for this type of work.

This, the third edition, has been revised to conform with the latest data available. The progress both in the Illinois state program and in the thinking in this field, has made this revision necessary.

Acknowledgment was made in the first edition of the work of Miss Eveline Blumenthal and Mr. Warren Kingsbury and of the advice of Mr. Edward Stullken. The revisions incorporated in this edition are the work of Mrs. Willie Scarborough and the staff of the Commission for Handicapped Children. Grateful acknowledgment is hereby made to them for their fine service.

HELEN W. DORMITZER
Chairman

Definition of the Problem

No longer do we consider the problem of mental deficiency as associated almost wholly with pauperism, immorality, alcoholism, delinquency, and criminality.

There is another group formerly not recognized. This group was judged to be indifferent, lazy, or lacking in will power. It was not until the introduction and extensive application of more accurate mental tests and refinement of interpretive techniques that it was recognized that this group is instead inherently limited in mental endowment and incapable of meeting all the demands which society makes of them. As children, those in this group benefit but little by the traditional formalized education. Yet these mentally handicapped children are educable in the sense that the large majority can, with special training and education, be enabled to live happily and participate successfully in community life.

Defining what is meant by the educable mentally handicapped child is difficult, since diagnosis of mental deficiency has implications in many fields—psychology, education, medicine, neuro-pathology, biology, genetics, psychiatry, and the social sciences. Thus, a satisfactory definition for one field would not always meet the needs of others. There has been much confusion and lack of agreement as to what group should be designated as feebleminded. In the past a single intelligence test measure was the primary source of identification and differentiation, but, at present, multifocal measures of intelligence are believed necessary

in making proper diagnosis. Although classification on the basis of intelligence level offers a convenient starting point, it must be recognized that any boundaries which are established should remain flexible to permit the inclusion or exclusion of those whose intelligence scores would be affected by extenuating circumstances of physical, psychiatric, or social nature.[1] A relatively simple rural situation, for instance, makes much less demand upon the adaptability of a person than does a highly complex urban environment. Thus, while mental deficiency might not prevent a happy and adequate adjustment in the former case, it would be a serious handicap in the latter. It is this variation of social competence with the situation that justifies opposition to classification of mental defectives in hard-and-fast groups.

In Illinois the following definition of the educable mentally handicapped child is offered:

> An educable mentally handicapped child is any child whose rate of mental development, as measured by individual psychological examination, has been retarded from birth or early age, but who requires and "may be expected to benefit from special educational facilities designed to make him economically useful and socially adjusted."[2]

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[1] Intelligence measurements are generally stated in terms of the I.Q., or intelligence quotient, representing the relationship between the mental age and chronological age. An I.Q. of 100 is the mid-point of the normal group measuring from 90-110; 80-90 is dull normal; 70-80, borderline; and 50-70, feeble-minded. The idiot and imbecile, low-grade mental defectives, are not considered educable in terms of independent community life.

[2] The last phrase of the definition has been taken from an Act authorizing school boards to establish and maintain special educational facilities for educable mentally handicapped children. Ill. Rev. Stat. 1945; Chap. 122 12-20, 3.

Social and Economic Implications

The social and economic implications of mental deficiency affect the entire structure of our national life, sometimes in ways that are obvious and measurable, but more frequently in long-range effects which cannot be detected and isolated in causal relationship to mental defect.

The increase in industrialization and urbanization of social life, while not increasing the number of the mentally deficient, has decreased the number of situations in which they can make satisfactory adjustments. As we become more industrialized and urbanized it becomes increasingly difficult for the unskilled group, which contains most of the mental defectives, to find employment. It should be noted in this connection that this unskilled group is reproducing itself two to three times faster than the professional population,[1] and that the proportion of feeble-minded among dependent families is much in excess of that found in the general population.[2] Thus, the marginal and substandard living conditions characterizing the large majority of the mentally deficient tend to be perpetuated.

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[1] See Warren S. Thompson, "Some Factors Influencing the Ratios of Children to Women in American Cities, 1930," *Amer. J. Sociology,* 45 (September, 1939), 183-99; Lorimer and Osborn, *Dynamics of Population* (New York; MacMillan Co., 1934); and Frank W. Notestein, "The Differential Rate of Increase Among the Social Classes of the American Population," *J. Social Forces,* 12 (October, 1933), 21.

[2] *White House Conference on Child Health and Protection, Section IV, The Handicapped; Prevention, Maintenance, Protection,* (New York: Century Co., 1933), p. 344.

The emotional solidarity of the family may also of a retarded child in the home. After making due allowance for possible inherited tendencies, a child's behavior patterns and personality makeup are the result of his association with others. In the case of the mentally deficient child, all such associations, whether in home, school, or community, are highly colored by the degree of his acceptance. In the home, mentally deficient children are often rejected; frequently their mental defect is willfully ignored or unaccepted, and the children are faced with the emotional hazards of enforced competition with those of superior endowment. In school, these children experience repeated failures, lose self-confidence, become habituated to failure, and frequently suffer further rejection from teachers who are resentful because of the trouble caused by their inefficient academic work and the reflection their failures bring upon the teacher's record. Extending the age of compulsory school attendance has accentuated this problem. Constant frustration through failure to meet social demands frequently leads to emotional instability, development of defense mechanisms, and negativistic attitudes, in rebellion against situations beyond the child's control. In mentally deficient adolescents, the problem is made more acute by the fact that they differ physically, socially, and emotionally from the younger pupils with whom they, because of their mental level, are grouped.

A special personality difficulty is presented by the mentally handicapped delinquent. Because the mentally deficient cannot conform to group standards of attainment, they tend to develop over-reaction in the form of submissiveness or aggressiveness to compensate for this failure. Such over-compliance or over-defiance may lead to delinquency. The problem of the defective

delinquent is of major concern since the educational be disrupted by the conflicts created by the presence therapy planned for the non-delinquent defective is not adapted to the needs of this group.

The mentally deficient child who also is crippled, blind, or defective in speech or hearing presents a doubly serious problem. Speech and hearing defects rank high among the physical stigmata associated with mental deficiency. In one study, only 37 per cent of the mental defectives possessed normal speech.[1] In another, it was noted that the incidence of defective hearing increased to a certain extent with decreased intelligence level.[2] Children with sensory defects are easily mistaken for mental defectives and complicate the problem of accurate diagnosis. Physically handicapped children such as the blind, the deaf, and the hard-of-hearing are so deprived of the social and sensory stimuli which provide food for mental growth that they are frequently and erroniously classified as feeble-minded. Occasionally they are so retarded as a result of their handicap that they require special educational facilities such as are planned for the mentally deficient. Certainly, such children deserve special consideration.

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[1] Jacob Sirkin and William Lyons, "A Study of Speech Defects in Mental Deficiency," *Amer. J. Ment. Deficiency,* 46 (July, 1941), 77-80.

[2] Grover A. Kempf and Selwyn D. Collins, *A Study of the Relation Between Mental and Physical Status of Children in Two Counties of Illinois*, Reprint No. 1301 from *Public Health Reports,* U.S. Public Health Service, Vol. 44, No. 29, (Washington: Gov't. Printing Office, 1929), pp. 1743-84.

Extent of the Problem

Studies Outside of Illinois. Estimates of the extent of the problem of mental deficiency are many and varied. They present little that is comparable, since the types of tests on which they are based, the conditions under which they are administered, and the differences in methods used all tend to result in widely varying estimates. These differences, plus the lack of any universally accepted definition of mental deficiency, make accurate estimates difficult. As Doll states:

> The precise amount or kind of intelligence required for self-sufficiency has never been determined. There is a futile tendency to fix these intellectual limits for social adequacy at a definite limen such as I.Q. 70. or mental age 10. As a matter of fact, social success being contingent on many factors in addition to intelligence, the intellectual limits for social adequacy are represented in a border zone rather than a borderline. Use of the Stanford-Binet measures alone is of doubtful value for distinguishing the socially inadequate of borderline intelligence from the socially adequate.[1]

Personality, emotional, and situational factors play so important a part in an individual's social competence that no sharp line can be drawn between the mentally deficient and the so-called "normal" group. This should be kept in mind in considering the following estimates of the extent of mental deficiency.

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[1] Edgar A. Doll, "Criteria of Mental Deficiency." *Psych. Exchange*, III, No. 6 (1935).

Of major importance in calling attention to the problem of mental handicap throughout the United States was the report of the Committee on Mental Deficiency to the White House Conference on Child Health and Protection, held in 1930. "Mental deficiency" was defined to include not only the lower grades of feeble-mindedness but also those of borderline intelligence, and the intellectually subnormal (commonly termed morons). The committee concluded that 1 per cent of the total population is definitely feeble-minded and that another 14 per cent are to some degree mentally deficient, that is, possessed of an intelligence below a mental age of twelve years.[2] It is with this latter group that this study is concerned. On the basis of the 1940 Federal census, this group would include approximately 18,500,000 persons. Since 36.3 per cent are under twenty-one years of age, there would be 6,715,000 children so handicapped in the United States. Many of these are more or less adequately meeting the demands placed upon them in community life. It is estimated, however, that 35 per cent, or 2,350,000 are socially maladjusted as well as mentally subnormal.

A second source which can be used as a basis for national estimates is the report on special education issued by the Office of Education of the Federal Security Agency. Special education is usually found only

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[2] The White House Conference report states: "This level is variously stated in terms of intelligence quotient, I.Q.; scales based upon an upper development limit of sixteen years state it as 75 I.Q.; those having an upper limit of fourteen years state it as 85 plus I.Q. In either case, the mental age, twelve years, is identical. At present some states use the fourteen year upper limit, but many states, for example, Massachusetts, use the sixteen year upper limit. I.Q.'s throughout this report are on a fourteen year basis . . .; the 60 to 85 I.Q. limits to which reference is most frequently made are *approximately* 50 to 75 I.Q. on the sixteen year basis, all Stanford-Binet." White House Conference, *op. cit.*, p. 331.

in cities; therefore, this estimate is from an urban point of view. In 1940 the Biennial Survey of Education reported the number of mentally deficient in special schools and classes in city school systems to be 98,416, less than one-fifth of the estimated 500,000 mentally retarded children in the United States who are in need of special educational adjustment.[1] According to Elise Martens, Chief, Exceptional Children and Youth, Office of Education, incapacity for academic achievement to some extent characterizes about 25 per cent of elementary school children, while 5 per cent have an I.Q. of 78 or less.[2]

Studies in Illinois. There has been no systematic effort to determine the number of mentally handicapped children in Illinois. Estimates as to the extent of the problem in this state must therefore be arrived at by applying the percentages presented for the United States as a whole, checking these against the information obtained by the limited surveys which have been made within the state.

The Federal census of 1940 listed 2,515,657 children under the age of twenty-one in Illinois, or 31.9 per cent of the total population of the state. If 14 per cent of these may be classified as intellectually subnormal but not of low-grade mental deficiency, there are approximately 350,000 children so handicapped in Illinois. If we omit the preschool age group, there remain 275,000 children between the ages of five and

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[1] Elise H. Martens and Emery M. Foster, *Statistics of Special Schools and Classes for Exceptional Children,* U.S. Office of Education, Federal Security Agency (Washington: Gov't. Printing Office, 1942), pp. 6, 7.

[2] Elise H. Martens, *A Guide to Curriculum Adjustment for Mentally Retarted Children,* Bull. 1936, U.S. Office of Education (Washington: Gov't. Printing Office, 1936), p. 8.

twenty-one who are in need of special education and training.

Two limited surveys have been made within the state which lend themselves to interpretation in drawing a picture of the extent of the problem in the state as a whole. A joint investigation, carefully and accurately carried out, was made by the United States Public Health Service and the Illinois State Department of Public Welfare in 1928. Approximately 5,000 elementary school children were given physical and mental examinations in two widely separated counties in Illinois. Group mental tests were administered to all the children, followed by individual tests for those making low scores on the group test. All psychological examinations were given by the Institute for Juvenile Research. The results of the mental tests indicated that 11.7 per cent of the children were mentally retarded, having I.Q.'s below 80.[1] Applied to the total school population of Illinois, this would yield an estimate of 230,295 mentally handicapped children between the ages of five and twenty-one. If, as seems probable, 35 per cent of these are socially incompetent as well as mentally deficient, their number would total more than 80,000. It must be noted that the intellectually subnormal group with I.Q.'s between 80 and 90 are not included. The estimate would be considerably higher if they were.

A second study in Illinois was the survey of Chicago Public Schools conducted in 1932 under the direction of Dr. George D. Strayer, Institute of Educational Research, Teachers College of Columbia University. The Strayer survey indicated that 4.7 per

[1] Kempf and Collins, *op. cit.*, p. 7.

cent of school-age children were mentally retarded.[1] Applied to the 1940 Federal census of Illinois, this would mean that some 90,000 children in Illinois are so handicapped.

Summary and Evaluation. In summary, although surveys of the extent of mental deficiency vary greatly because of differing definitions of type and degree, the midpoint between the lowest and highest estimates indicates that there are at least 160,000 children of school age in Illinois in need of an educational program especially planned for the mentally handicapped. Actually, when estimated results of studies vary this widely the only valid conclusion is that no accurate information is available and that no one knows the exact number of such children.

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[1] George D. Strayer, *Report of the Survey of the Schools of Chicago* (New York: Columbia University Press, 1932), II, 94.

A State Program for Educable Mentally Handicapped Children

The development of a state program for educable mentally handicapped children requires careful consideration. It should include:

1) Adequate facilities for early recognition and diagnosis.
2) Provision for opportunities for education and training, both through state schools and special classes in the regular schools.
3) Adequate institutional facilities, including colony care.
4) Supervision of all mentally deficient children who cannot be admitted to institutions, children who after training in an institution are released on home or work placement in a community, or children for whom institutional care is undesirable, including guidance and assistance to parents of those children who are cared for in their own homes.
5) Vocational guidance, training, and placement.
6) Adequate teacher-training.
7) Recruitment of personnel.
8) Education of the public so that the mentally handicapped will be understood and accepted in a community.
9) Continuing research to determine more adequately the nature of the problem of mental deficiency, methods of prevention, and the needs, capacities, and welfare of the mentally deficient child.

Identification and Diagnosis. A state-wide program of case-finding is of first importance, not only to determine the extent of the problem so that an ade-

quate program may be planned and organized, but also to make available to the handicapped child proper educational and training facilities at an early age when they will be most beneficial. Early recognition and treatment help to prevent development of personality disorders and undesirable behavior patterns, and afford a maximum amount of time to foster development of desirable traits, habits, and attitudes. In addition, much costly waste of time and effort in attempts to educate the child in the standard school program is eliminated.

Compulsory education laws assure a contact with all children at the age of six or seven. A careful social, medical, educational, psychiatric, and psychological study should be made of each child who presents a special problem. Competent staffs should be provided to conduct such examinations on a state-wide basis. This step will prevent confusing mentally deficient children with those who are psychotic, who present behavior difficulties, or whose retardation is caused by sensory defects or other physical disorders. Periodic re-examinations of those originally classified as educable defectives, further diagnoses, and continual readjustments are necessary to assure proper placement and adequate training.

In every community having a school population of 5,000 or more, there should be a permanent full-time child guidance clinic staffed by a psychiatrist, a psychologist, and the necessary social workers. For thinly populated and rural areas, the traveling clinic is a solution to the problem. This should operate full-time, making every possible use of existing facilities and local resources such as state schools, hospitals, teachers colleges, and universities. The traveling clinic plan has been eminently successful in Massachusetts, where a

staff made up of a psychiatrist, a psychologist, and in some instances a social worker, operates from each of fourteen state mental institutions. Every city and town is covered periodically. Each case is studied with respect to physical condition, mental status, family history, personality adjustment, developmental history, and school progress.

Provision for such diagnostic services should be accompanied by a state-wide registration and continuing census of all mental defectives. This is necessary to provide accurate information as to the extent and nature of the need. According to latest data available, Massachusetts, South Dakota, Minnesota, New Jersey, New York, Connecticut, and Rhode Island are states having such a capital registry and a continuing state census.[1]

Special Classes. Having determined the number of children needing such care, provisions should be made for education and training with a flexible, individualized course of study adapted to the needs, capacities, limitations, and interests of the individual. Although the conventional "three R's" are an integral part of the training, such education should emphasize good work habits and desirable social responses as well as health and useful forms of manual and industrial skills. In the large communities, special classes with a maximum enrollment of fifteen, in charge of well-trained teachers, are a partial answer to the problem. Or there may be classes which the mentally retarded attend for special training and drill, while taking the remainder of their work in regular classes. In other

[1] Letter from Elise H. Martens, Chief, Exceptional Children and Youth, Office of Education, Federal Security Agency, Washington, D.C., to the Illinois Commission for Handicapped Children, August, 1948.

cases provision of "slow sections" in regular grades using a modified curriculum is a practical solution when there are only a few children so handicapped. Whatever type of provision is made, facilities for the education and training of the mentally handicapped should include all age groups from elementary through senior high school levels.

In thickly populated areas, special schools or centers may be established with highly trained personnel, special equipment, and a curriculum designed to help the pupil to adjust himself satisfactorily in the community and to prepare him for some unskilled vocation. Special vocational schools have been established in many communities. Care must be exercised in planning the activities of such centers, however, to avoid giving the pupils a feeling of isolation and exclusion. Segregation of mentally handicapped children into special classes does not relieve the regular teachers of all responsibility for these children. These special classes are offered as a special service and must be considered as a part of and not apart from the regular school program. Other services that are provided for regular children should also be extended to those in special classes. The environment must not be controlled to such an extent that the pupils do not experience the type of social situations which they must meet in the community.

Rural areas are faced with a very real problem in providing special education for the mentally handicapped. School terms are shorter, distances between schools are greater, transportation is difficult, a large percentage of teachers are inexperienced, school staff turns over rapidly, and intelligent supervision and experience in utilizing special education facilities are usually lacking.

To meet these problems, adaptations must be made of several types of plans, according to the community to be served. Regular teachers may be given special training for individualized instruction of handicapped children in country schools and, where feasible, special classes may be formed for counties or districts, with transportation provided for the children attending. The necessary supervision of this work can be provided by traveling teachers, traveling clinics, and by appointment of county supervisors, as is the practice in Pennsylvania. A further possibility is provision of boarding care at state expense for non-resident pupils at large centers.

In 1945, the Wisconsin legislation enacted new laws which permit qualified special teachers to be released on part-time schedule for the purpose of studying, instructing, and assisting in the arrangement of a program for mentally handicapped children in near-by areas. Some specific duties performed by these teachers include testing and appraising of children, suggesting and demonstrating special methods and materials, working in an advisory capacity with parents and teachers, and assisting in planning for special class attendance. Reimbursement in full by the state for teachers' time and expense is made on approval by the Bureau of Handicapped Children.[1] Similar plans could be extended advantageously to offer special services to mentally handicapped children where school systems are too small to justify organization of special classes.

By 1942 schools and classes for educable mentally handicapped children had been instituted in forty-two

[1] H. M. Williams and H. A. Stevens, *A Public School Program for Retarded Children,* Department of Public Instruction, Madison, Wisconsin (1947), 28.

states.[2] Thirty-two states, in addition to Hawaii and the District of Columbia, now have supervisory programs of special education operating on a state-wide basis.[3]

Service to rural areas was extended in 1942 by the appointment of county supervisors of special education in Pennsylvania, the first state in the Union to advance the program this far. These county supervisors are required to have state certificates as elementary or secondary school teachers, or as public school psychologists. Counties having more than 550 teachers have full-time supervisors, while those with fewer are served jointly with others. Activities of the supervisors are confined to special education and do not encroach upon the administration or supervision of the schools.

A major concern throughout the establishing any such program should be its interpretation to the community, instruction of parents as to the needs and problems of defective children, and interpretation of the special-class program to the regular teachers and pupils. Such interpretation would be conducive to the more effective carrying out of the aims of special classes and would prevent the placing in them of children other than those for whom they are organized.

Teacher Training. The need for highly trained personnel in conducting special education procedures cannot be over-emphasized, since a major factor in success or failure of the program is competence of personnel. A teacher conducting classes for the mentally deficient should possess a state elementary or

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[2] Martens and Foster, *op. cit.*, p. 7.

[3] *Special Education Staffs in State Education Departments*, January, 1948, U. S. Office of Education, Federal Security Agency (Washington, D.C.).

secondary school certificate; must be well qualified by reason of health, personality, adaptability, and interest in the welfare of the children to be served; and should have successfully completed a special curriculum in teaching and handling mentally deficient children.

This type of curriculum should include training in the psychology and education of exceptional children, diagnostic and remedial teaching, mental or educational hygiene, special class arts and crafts, class methods, corrective physical education, educational and vocational guidance, and in addition, teaching experience or successful experience in social service, public health work or psychiatric clinic service, *special* class methods, student teaching in special classes, clinical or abnormal psychology, mental testing, and speech correction.

Various plans have been promoted to provide continuous in-service training for the improvement of teachers. Individual and group conferences between supervisors and teachers, general and group meetings, workshops, research committees, demonstrations, exhibits, conferences, lectures, professional books and magazines, courses, and evening and summer classes in special education are methods of preparing teachers to instruct the mentally deficient.

Institutional Training. Adequate institutional facilities should be provided for the mentally deficient who are so severely handicapped that they need full-time care, for those whose educational needs cannot be met by the community, or those for whom placement is desirable because of complicating personality or behavior problems or unfavorable home environment. The educational programs of such institutions should be made an integral part of the educational

system of the state and should be differentiated from the custodial programs. As Elise Martens has observed:

> When a child has been committed by order of the court to a State institution for the "feeble-minded" it is popularly supposed that his intellectual condition is hopeless. In the eyes of the community he is ostracized—relegated to institutional life for the rest of his days—unsuited to live among normal people. The door of community interest in closed upon him and he becomes a "forgotten man."[1]

Safeguards against the assumption by state schools of a purely custodial aspect would include: (1) making the schools an integral part of the educational system of the state by placing the educational phases of their programs under the assistant superintendent in charge of the education of exceptional children, whose responsibility it is to plan and supervise that program under the direction of the State Superintendent of Public Instruction; (2) establishment of high personnel standards to insure staffing the institutions with highly trained and competent teachers; and (3) segregation of low-grade mental defectives from the educable mental defectives, with expanded facilities to include the colony system, and with a program of education, recreation, and vocational training designed to return the pupil to the community where he may live and work with a minimum of supervision or no supervision.

To fulfill its twofold purpose of custody for protection of the individual and society and for rehabilitation of the educable defective, therefore, the state institutional program should consist of the following:

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[1] Elise H. Martens, *Residential Schools for Handicapped Children*, Bull. 1939, No. 19, U. S. Office of Education (Washington: Gov't. Printing Office, 1939), p. 83.

1) Separate training institutions with adequate academic, vocational, and social programs supplemented by cottage and colony systems for educable mentally defectives who can be trained to return to the community as self-supporting individuals, even though they may require some supervision. Admission to these institutions for some children should be possible by means other than court commitment.

2) Special facilities for mentally defective delinquents.

In 1945, Minnesota established an experimental program of academic and vocational training for those educable mentally handicapped under twenty-one years of age, who may be released to the community on wholly or partially self-sustaining basis. Encouraged with results of the experiment, funds were appropriated by legislative action in 1947 for a separate and permanent institution at Owatonna for the training of high grade defectives.[1]

Such schools as the Syracuse State School in New York and the Wayne County Training School in Michigan, established on the cottage system, have proved quite successful. Social and medical studies, intelligence and educational tests, and vocational training are an integral part of the program. Such schools offer training for boys in farm and factory work, mechanics, and various types of unskilled labor; and for girls in personal and domestic service, laundry and restaurant work, and certain types of factory work. Certificates of completion are granted by the county school authorities to pupils of the Syracuse State School who have made satisfactory progress.

It is especially desirable that a colony system be established to care for high-grade mentally deficient

[1] Carl H. Swanson, "Minnesota State Institutions," *American Journal of Mental Deficiency, LII,* (January, 1948), pps. 290-293.

children for whom outside supervision is inadequate but institutional care too confining and regimented. The colony may be a mobile or permanent unit set up away from the parent institution, providing practical vocational experiences.

Twenty-seven years ago, Rome State School in New York began the colony system as an experimental farm unit and now has nine farm colonies for boys with a population of approximately 215 children. The boys are trained in industrial, farming, and dairy procedures. Since the farm colonies are in close proximity to the institution proper, the boys are closely supervised and returned to the institution for recreational activities.

Approximately 200 girls, out of 2,050 under care, are selected for special training on domestic colonies located at Rome, Hamilton, and Gloversville. There is also one girls' residential colony for the older children who can benefit from living away from the institution and enjoy the freedom and more pleasant surroundings afforded in colony living.

Reports show that children who have made the most outstanding community adjustment have been those who have had colony training. During the fiscal year ending March 31, 1947, 103 children were placed in the community from colony care. Colony care is closely supervised and conducted under regulations set up by the New York State Department of Mental Hygiene.[1]

The colony system relieves overcrowded conditions in institutions, provides practical experience in a working situation, stimulates the more promising chil-

[1] Letter from James P. Kelleher, M.D., Senior Director, Rome State School, Rome, New York, to the Illinois Commission for Handicapped Children, August 4, 1948.

dren, and permits economy of organization and maintenance. It also provides a transitional state of experience between the institution and community life, and a good background for later family care or boarding-out care. One of the chief obstacles to successful operation of industrial colonies is opposition of labor groups and outside industry, a problem which would have to be met by compromise and understanding.

Family Care. Only a small portion of mental defectives are confined to state schools. Few states make extensive use of supervision for those who are not institutionalized. Most of those who are out in the community comprise the high-grade intellectually subnormal, who are making a more or less satisfactory adjustment to community life, but whose assets have remained unrealized for lack of any comprehensive effort to develop their capabilities. It is neither possible nor desirable to expand institutional facilities to care for them. Thus, if they are to be properly guided and helped, a plan for extra-institutional supervision must be established, not only to care for those who have not had and do not need institutional care, but also those who have benefited from years of training in institutions.

Massachusetts began to experiment in 1915 with a parole program, through which boys and girls considered fitted for community life are placed in positions for which they receive pay, and are supervised by field workers from the parent institution. In August 1948, there were eighty-seven boys and 313 girls on parole from the three state schools of Fernald, Wrentham, and Belchertown. In addition to maintaining a degree of economic independence boys and girls on parole from Belchertown State School, during the year of July 1,

1947 to June 30; 1948, were able to deposit $13,528.74 in savings.[1]

With the creation of a Division of Mental Deficiency within the Department of Mental Health in 1924, a highly specialized family-care program was developed in Massachusetts. It provides: (1) supervisory home training and teaching service for preschool defectives and those who have been refused admission to the public schools or are on the waiting list of the state schools; (2) social supervision of special-class pupils in attendance at or released from special classes, with regard to personality problems, recreational plans, and vocational guidance; (3) placements in training homes providing boarding-care and training for potential wage-earners, under the supervision of an understanding foster mother who gives them special training in child care, cooking, and general housework; (4) placement of wage-earners in wage homes for room, board, and wages; (5) boarding-out or family care for potential wage-earners as well as for low-grade mental defectives who are not suitable for wage placements but who have benefited from years of training in institutions; and (6) general supervision and consultation for cases usually cared for in their own homes but needing guidance and assistance in social adjustment. "In several cases, children previously excluded from school have shown great progress. After one or two years of home-training lessons . . . some of these children have improved so much that they have been able to return to special classes and remain in school indefinitely."[2]

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[1] Letter from Richard H. Cooke, M.D., Director, Division of Mental Deficiency, Department of Mental Health, Boston, Massachusetts, to the Illinois Commission for Handicapped Children, August 23, 1948.

[2] Neil A. Dayton and Marion A. Nugent, "Community Supervision of Mental Defectives in Massachusetts." *New England Journal of Medicine*, Vol. 225 (December 11, 1941), p. 942.

Cost of boarding care for mentally defectives is about equal to that of institutional care, according to Massachusetts experience. Kuhlmann believes that boarding home and wage placements tend automatically to adjust themselves to fluctuating economic conditions, since, during depressions there would be a demand for them because of the added income to the home, and, during good times, mental defectives are more easily employable because of the demand for labor.[1]

Mentally deficient persons in Minnesota are committed by the court to the guardianship of the Director of Public Institutions, a life guardianship unless discharged by court action. This places responsibility upon the state not only to give institutional training where needed but also supervision in the community. Unlike many state programs where extra-institutional placement and supervision of the feebleminded[2] are under the direction of social workers who are employed by the state, responsibility for supervision in Minnesota is shared by both state and county. Such a plan for the feebleminded is one of decentralization of supervision but integration within a county into a centralized county welfare program. Social workers employed by the county welfare boards are delegated by the state and under the direction of the state to actually give the supervision which includes making certain that there are satisfactory living conditions, work placements, and recreation.[3]

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[1] F. Kuhlmann, "One Hundred Years of Special Care and Training," *Amer. J. Ment. Deficiency,* 45 (July, 1940), 22.

[2] 1947 Legislature substituted the name "mentally deficient" for "feebleminded."

[3] Mildred Thomson, "Guidance, Placement, and Follow-up: The Minnesota Program," *Amer. J. Ment. Defic.,* LI (January, 1947), 435-440.

Vocational Guidance and Placement.

Even the most elaborate training program will be futile without adequate provisions for vocational guidance, placement, and adjustment. A well integrated academic and vocational program with emphasis on occupational information and social adaptability should be available both for the institutionally trained and the special class pupil who is mentally capable of such training and who is socially mature to the extent that he may be expected to achieve adequate adjustment in the community. Community surveys of opportunities for placement of retarded children should be made, and a program of community education and organization should be conducted to secure public support, cooperation of employers, and the interest of labor groups.

Adaptation of the training program to permit the child to spend one-half of his time during the last year in school in industry and the other half in school, has advantages in that studying the child on the job is probably the most effective way to discover his capabilities and occupational shortcomings, and it affords an opportunity for the employer to evaluate the child's ability to carry out the job.[1] The training program should be based upon an analysis of job opportunities available, for if graduates are not enabled to find useful occupations in the community, the program is futile, however wide may be the range of manual and vocational activities offered during the training period. This would involve a more adequate program of vocational guidance and placement at the local level for all children. Although a beginning has been made by a few cities, including New York and Detroit, it is believed

[1] J. E. Wallace Wallin, "The Classroom Teacher and Child Guidance Particularly with Respect to Handicapped Children," *J. of Ed. Res.*, (January, 1943), 321-334.

that no community, at present, has a comprehensive and realistic program of occupational education, guidance, and placement for the mentally handicap who may be trained and gainfully employed as unskilled and semi-skilled worker. In addition The New York City Bureau for Children with Retarded Mental Development provides specialized guidance, placement and follow-up services. Duties of guidance counselors employed by the Bureau are to work individually with all mentally handicapped pupils leaving schools in their area; visiting of schools, homes and places of employment; and working cooperatively with special placement counsellors in the Office of New York State Employment Service.[1]

Organization and Administration. Implementation of a state plan should be through a well organized and integrated inter-departmental program with supervisory service for local districts. The functions of this program should include: (1) establishment of standards of special-class organization and teacher training in both institutions and day classes; (2) setting up methods and procedures; (3) co-ordinating clinical and educational services in city day schools and institutions; (4) providing facilities for vocational guidance, education, and adjustment; (5) parent education and social service; and (6) maintaining a central record bureau.

Although leadership should come from the state, responsibility for the local program should be in the local community. Such local participation is essential since no program for the mentally retarded is adequate

[1] Chris J. De Prospo, Louis E. Rosenzweig, and Leo Shainman, "A Follow-Up Program for the Mentally Retarded," *Amer. Journ. of Mental Deficiency,* LIII (October, 1948). Pps. 353-362.

without the support and collaboration of all agencies concerned—school, home, institution, social welfare organization, and the general public. As Elise Martens has stated:

> No person or group of persons, however skilled, can superimpose a curriculum upon classroom teachers working in a thousand different situations. Specialists can only point out the way in which a curriculum can be developed locally. They must leave to the state and to the community the task of applying the principles evolved to the situation at hand. Community conditions must be recognized, geographic factors considered, and social interests observed. All of this can be done only by persons who are familiar with state and community situations.[1]

Costs and Financing. For a centrally planned, organized, and administered state-wide program, the financing of special education for the mentally handicapped child presents a problem of joint state and community financing. Assumption by the state of responsibility for excess cost for small towns and rural areas is essential.

The General Assembly of Illinois recognized this fact when it appropriated funds for the 1945-47 biennium to reimburse local school districts for the excess costs of the education of mentally handicapped children up to $100 per child. This amount was increased for the 1947-49 biennium to $250 per child. Reimbursements for excess costs, varying with individual states, are generally appropriated on per capita, per teacher, or teaching unit basis.

Prevention. Preventive methods in the field of mental deficiency resolve largely into matters of public

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[1] Martens, *A Guide to Curriculum Adjustment* . . ., p. 3.

health, education, and medical research. There are many positive steps which can be taken in promotion of maternal and child health which would be effective in prevention of certain types of mental deficiency. Among these are adequate pre-natal and post-natal care to prevent mental deficiency caused by endocrine disturbances, malnutrition, injuries, and syphilis; public health methods to prevent incidence and spread of infectious diseases which damage the brain (encephalitis, meningitis, measles, syphilis, etc.); and better obstetrical care, to reduce the number of birth injuries. Social services in marriage consultation offer a further resource. Two negative control measures of doubtful value have been suggested: (1) segregation of all mentally handicapped in institutions, which is neither desirable nor possible, and (2) sterilization, the efficacy and feasibility of which is widely questioned.

Facilities for the Mentally Retarded in Illinois

Diagnostic Services. Diagnostic services for mentally handicapped children in Illinois are of two types: (1) those providing only diagnostic study of the individual child (social, psychiatric, psychological, and medical); and (2) those providing diagnostic, consultative, and advisory services.

The Institute for Juvenile Research is a state-wide child guidance clinic with headquarters in Chicago and is a Division of the Department of Public Welfare.

The Institute was established by state statute to conduct scientific studies, diagnose and promote the treatment of children who are delinquent, mentally ill, mentally defective or socially maladjusted, or who are in danger of becoming so. It offers service to parents and agencies who are concerned with the progress and adjustment of slow children who present behavior problems. In addition to the diagnostic study of the child, the staff interprets the results of examination and consults with parents and schools.

Approximately 3,000 children up to the age of eighteen are examined annually either in the Chicago clinic or in the regularly held regional clinics. Requests for examination can be made directly to the Chicago office or through the regional offices of the Department of Public Welfare.

The Office of the Superintendent of Public Instruction employs two qualified psychologists for the purpose of certifying slow learners for special classes in areas where this service is not available. During the

school year ending June 1947 over 200 children were examined; but, in the following year, due to an increased need for supervision of psychological services from the state level approximately 150 children were given psychological tests. This supervision included the following services:

1. Discussing the state philosophy re: the mentally handicapped with school teachers, principals, and superintendents.

2. Explaining the philosophy concerning eligibility of children to the psychologist, who is to examine children for this purpose.

3. Explaining to the psychologist the type of service in the way of examination and report which is desired by the department.

At the present time the school districts in Cicero, Winnetka, Evanston, Oak Park, Bloomington, and Elgin have their own psychologist. However, a number of districts, including Rockford, Alton, Moline, Springfield, and Peoria have indicated their interest in hiring a qualified psychologist.

The Bureau of Child Study of the Chicago Board of Education, which provides psychological services to all school children from preschool through junior college, whether enrolled in public school or not, maintains clinics for diagnostic reading, speech, behavior, psychiatric study, audiometer testing, vocational guidance, and examination for admissions to special schools and classes. Bureau Clinics are operated daily for examination and treatment of children referred from the regular elementary and high schools of the city. Other children are referred by parents, social agencies, clinics, private and parochial schools, and interested private persons. Psychological services for each public school is provided by a psychologist who has a certain number

of schools for which he or she is responsible. Regular visits are made to each school for the purpose of consultation and examination of children referred by the school principal, classroom teacher, or adjustment teacher.

In addition to those services offered by public schools and the Institute for Juvenile Research, psychological services are also rendered by certain teacher training institutions, Teachers College of the University of Illinois, and state schools for the feebleminded.

Private clinics have been developed in connection with schools, universities and hospitals such as the Orthogenic School of the University of Chicago; the Loyola University School of Medicine; Northwestern University; and various Chicago hospitals.

Outside of Chicago, child guidance services are offered by private clinics operated in several of the larger cities of the state.

Institutional Facilities. There are two state schools for the mentally defective in Illinois, Dixon State Hospital and Lincoln State School and Colony, each of which has an approximate capacity of 4,500 beds. At present there are about 375 educable defectives[1] under sixteen years of age in the latter school and 250 in the former.[2] Occupational therapy, academic school, recreation, and industrial training are included in the program for the educable handicapped in these institutions. Lincoln also has 230 boys and girls over sixteen years of age in attendance at night school. Dur-

[1] Letter from William W. Fox, M.D., Superintendent, Lincoln State School and Colony, Lincoln, Illinois, to the Illinois Commission for Handicapped Children, September 21, 1948.

[2] Letter from W. G. Murray, M.D., Superintendent, Dixon State Hospital, Dixon, Illinois, to the Illinois Commission for Handicapped Children, September 24, 1948.

ing the four years that the continuation school has been in existence, use of modern methods of instruction and adaptation of the curriculum to the interest and needs of pupils are believed to be the reason for an annual increase in class attendance.[1]

Defective delinquents are committed to Lincoln State School and Colony, but may also be sent to the state correctional schools.

In addition to a few, small, private homes with limited intake and restricted programs, there are also a number of private schools for the educable mentally handicapped in operation in Illinois.

Licensing of Schools. The Division of Alienist, Department of Public Welfare, has established requirements for licensing of private institutions, including day schools, for the educable mentally handicapped. Inspections are made at regular intervals, and failure to comply with standards may cause revocation of license.

Family Care. A family care program for the mentally defective was started in Illinois in 1942. At that time in the two state institutions there were many employable high-grade defectives who had remained in the institutions for years because they had no relatives to whom to return. Since this was during the war and there was a shortage in the labor market, the first emphasis in the family care program was to find work and homes for these children. Since 1942 over 600 such children have been placed in the community.

At the present time, since the number of stable, employable high-grade defectives at the institutions has diminished, an effort is being made to find homes

[1] W. W. Fox, op. cit.

for the lower-grade defectives who can profit from boarding home care. It is this group of children that are the largest contributing factor to the overcrowding in the institutions. Homes for this type of child are difficult to find, and although the rural areas in about eight counties have been canvassed for homes, to date only one such child has been placed.

Careful selection of home and work placement can do much toward educating the community to the acceptance of family care. At least one such example is a successful experiment in a rural community where satisfactory work adjustments have been made by a group of patients. The citizens have a protective attitude toward them and are proud of their share in the rehabilitation of these individuals.

The Dixon State Hospital and the Lincoln State School and Colony maintain a cooperative arrangement with the Division of Child Welfare whereby defective children under the age of sixteen, whose families cannot care for them, are placed and supervised in foster homes. During the period July 1, 1947 to June 30, 1948, nine such children were in foster homes. It is hoped that in the future more children in the institutions will be given the advantage of foster home care. However, the expansion of this aspect of the program will be dependent upon the development of child welfare facilities throughout the state.

Equally important is the need for an increase in the number of special classes in the schools. If the defective child is to be kept in the community, adequate educational facilities are as necessary as an understanding home environment.

Special Class Facilities. Illinois legislation has provided for payment up to $250 per capita, as reim-

bursement by the state for the excess costs of special schools, classes, or services maintained by local school districts for the educable mentally handicapped. Reimbursements for the school year 1947-48 totaled $575,728.13.

During the school year ending June 20, 1948, the Superintendent of Public Instruction reports that twenty-nine districts including the Chicago school district, an increase of six over the previous year, had approved programs, not only for educable mentally handicapped children in elementary schools, but also for those in junior high schools in Decatur, Galesburg, and Bloomington. The Superintendent further reports that, at present, no district has extended this program into the senior high schools.

In addition to the number of children in special classes maintained by local school districts and the educable defectives who receive academic training at Dixon State Hospital and Lincoln State School and Colony, there are also a number of children being educated in private schools and institutions. With the reorganization of school districts to afford better educational facilities, and reimbursements by the state for pupil's transportation costs from districts where no special classes are available to districts offering such classes, it is believed that the present program is serving a larger number of mentally handicapped children than ever before.

The Superintendent of Public Instruction, as required by law, has set up standards for special class procedures relating to the size of classes, location, admission, equipment, and curriculum, as well as standards for teacher qualification and approval of psychological examiners who under the law determine the

eligibility of pupils for special classes. Uniform systems of record-keeping are required.[1]

Teacher Training Institutions. In recognition of the need for well-trained teachers in special education, the State Teachers College Board has designated Illinois State Normal University as a center for training of all types of teachers of exceptional children, including teachers of the mentally handicapped. A program of graduate and undergraduate courses leading to both bachelors and masters degrees, with a major in education, is offered. The School of Education of the University of Illinois also has a complete curriculum for the training of such teachers.

Reports indicate that an approved program for teacher certification, with the exception of one course, is available at Northwestern University.

Auxiliary Services. Finally, as auxiliary services, there are the public and private social agencies which are depended upon to perform limited services in school adjustment of the mentally retarded. The education of these handicapped children should not be the concern of the schools alone, but should involve as many community resources as possible. In Chicago there are several family welfare agencies which may be called upon for services needed. Outside of Chicago most of the larger cities have similar resources.

Occupational adjustment services are offered to a limited degree by the Jewish Vocational Bureau of Chicago, Scholarship and Guidance Association, and the work relief program of the United Charities and the

[1] The Illinois Plan for Special Education of Exceptional Children: *The Educable Mentally Handicapped.* Circular Series B, No. 12, issued by Vernon L. Nickell, Superintendent of Public Instruction.

Chicago Welfare Administration. The Division of Vocational Rehabilitation has now extended its facilities for guidance and placement to the mentally handicapped under the provisions of the 1943 Federal Rehabilitation Act.[1]

Of significance in promoting a program of better understanding and increased services for the exceptional child is the Illinois Commission for Handicapped Children, a state commission created to stimulate private efforts, co-ordinate the services of State departments, and promote medical care, education, and vocational training and placement for physically and mentally handicapped children. The efforts of the Commission as a fact-finding and co-ordinating agency have found fruition in recommendations to the General Assembly regarding important action to be considered with respect to administrative organization, the drafting of bills providing for the greater welfare of the handicapped child, and stimulating of public interest in the problems of these children.

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[1] Public Law 113, (78th Congress) effective July 6, 1943.

Unmet Needs in Illinois

Although the facilities listed above may seem extensive a large proportion of those in need of special education are not receiving it; therefore, much remains to be done before the program for the educable mentally handicapped in Illinois is entirely adequate.

Illinois now has legislative bases for a comprehensive well-financed program at the state level. Without further delay local communities must take advantage of these provisions by initiating and carrying out a program adapted to local needs. This challenge can no longer be ignored by local school authorities. A complete survey to identify and diagnose those who need special help must be followed with an adequate program commensurate with the child's mental capabilities and limitations. Provision should include, establishing special classes in the local districts, adapting available school facilities to the needs of such children, providing transportation of pupils to a district where special education exists, or planning for special classes through reorganization and consolidation with other districts.

No area, even where special education is already established, affords suitable facilities at all levels. Since the mentally handicapped learns more slowly every effort should be made by school authorities to interest and retain, as long as possible, those of adolescent ages in order to permit a maximum amount of academic, vocational, and social training. Attention should also be given to a program for young children who because of mental immaturity are temporarily excused from school attendance. Such a program should include

habit training, development of good emotional behavior, discipline, good manners, and pre-academic activities.

The mentally handicapped, numerically the largest of any of the handicapped groups in the state, are widely scattered throughout the population. If their diverse problems are to be met adequately, school districts, parents, and interested persons must effectively co-ordinate their plans and utilize all services of public and private agencies, and institutions at both local and state level.

Staff and social services of the institutions should be expanded to provide adequate training, thereby increasing population turnover which in turn would relieve over-crowding, and reduce the long waiting lists. The educational planning in the state schools should be co-ordinated closely with that of special classes in the community, and a clearer differentiation drawn between those eligible for special-class placement and those requiring institutionalization. Adequate provision for defective delinquents is urgently needed. Commitment to correctional schools neither meets the needs of such delinquents nor helps to make them socially adjusted or socially useful; confinement in state schools for the mentally retarded presents equally difficult problems because of the delinquent tendencies of this group.

Methods of record keeping in local and state schools need to be standardized to facilitate program planning for students who are transferred from one school to another.

Since therapy among the mentally retarded is largely educational therapy, there is great need for training physicians, social workers, and teachers with special aptitudes for working with these children. Throughout, the highest of personnel standards are

necessary, since the success of the program depends upon the care and intelligence with which it is carried out. It is not necessary that each teacher-training institution have a full curriculum for training teachers of special classes; however, each school should offer to teachers in training, courses designed to develop skills in recognizing and handling the problems of exceptional children, and in the use of available resources. The establishment of child guidance bureaus in each of the teacher-training institutions would do much to further the general knowledge of resources and techniques which every teacher should know.

There is also a need for expansion of services for children in the community, including psychiatric social service and psychological service. Among psychologists there are wide discrepancies in competence of personnel and standards of service, indicating the need for more uniformity in standards, procedures, methods, and intepretive techniques.

Perhaps, the most urgent need in special education is that of trained personnel. It is the belief of people who administer the program of special education in Illinois that in addition to special training in the education of the mentally handicapped child, previous successful experience in a regular classroom is essential. Therefore, the shortage which exists in the regular classroom is even more acute in the field of special education.

A few scholarships are now offered to teachers of exceptional children, but there is need for additional scholarships and other aids by colleges and private organizations to encourage teachers to enter this field.

The Office of the Superintendent of Public Instruction estimates that fifty to 100 schools would immediately start programs, and those with present facilities

would greatly expand if teachers with proper training were available.

The county school survey law, passed by the Sixty-fourth General Assembly, provides for study and action on this problem by authorizing the creation of county survey committees and gives them the power and makes it their duty to study the school districts of the county and their organization for the purpose of recommending the reorganization of districts where such reorganization will afford better educational opportunities, better administration, and more equitable distribution of public school revenues.[1] Since the passage of this law there has been a great reduction in the number of existing school districts. Although much progress has been made in the program of reorganization, there is still an urgent need for further consolidation of small schools to permit greater economy of operation and higher personnel standards, and to facilitate the financing of special classes.

Further expansion of the program of the Division of Vocational Rehabilitation and more extensive development of community resources to provide vocational guidance and adjustment services to the mentally handicapped is of utmost importance. This includes inquiries into job opportunities and a campaign of enlightenment among employers as to the assets and potentialities of this group as employees.

Utilization of funds available under the National Mental Health Act of 1946 in the prevention and elimination of emotional and behavioral disturbances in mentally deficient children, in order that they may be, to a greater degree, socially self-directing and self-supporting. This could be achieved through training of

[1] House Bill 406, approved June 20, 1945.

personnel, research into the causes of mental illness, and the development and improvement of mental health facilities in local communities.

Every program concerning the educable mentally handicapped child should carry on research relative to the improvement of facilities and services in its respective field.

There is an urgent need for intelligent interpretation of the problem to the local service clubs, legislators, teachers, public school officials, and physicians, as well as the public at large. They must be given an understanding of the needs of this group of handicapped, so that backing and support for an adequate state-wide program may be secured. There is also a need for public information on the facilities that are now available and that can be used.

And, finally, there is a never-ending need for research into the nature and extent of the problem of mental deficiency and means of preventing it. At the present time, Illinois is ill-equipped for adequate social planning for the mentally handicapped, hampered as it is by so great a lack of information. Up to this time there has been no systematic effort to discover the mentally deficient, only the obvious or behavior problem cases generally being the ones identified. There is need, therefore, for a continuing annual census of the handicapped, with a central registry for cases. The information this would provide would greatly facilitate intelligent state-wide planning. Without the flexibility of a continuous adaptation to research findings, the work would become static and progressively less effective and valuable in meeting the needs of those for whom it is designed.

Recommendations

In view of the many needs of educable mentally handicapped children in Illinois which are not now being met, and the loss to the individual and the state resulting from failure to develop to the fullest extent the assets and capabilities in this group of handicapped, certain suggestions may be offered with respect to improvement of services to these children.

Educational. All educational services to the mentally retarded, whether in public school or institutions, should be co-ordinated under one division or bureau in the Office of the Superintendent of Public Instruction. This responsibility is at present divided with the Department of Public Welfare, which is responsible for institutions, and the Superintendent of Public Instruction, which is responsible for public schools. A centralized administration would achieve co-ordination of efforts of the various state and community agencies, and would be the logical point for establishment of a central registry of all mental defectives.

The Sixty-fifth General Assembly appropriated the sum of $1,252,655 for the excess cost of education of mentally handicapped children in local school districts during the 1947-49 biennium. Such provision for state participation is a tremendous step forward, and continued appropriations are a necessary part of future development of a complete state-wide program.

Rural areas should be provided with thorough supervisory services by traveling teachers, transportation of pupils to special-class centers, and the use of boarding home care in larger cities.

These administrative provisions and changes will require further consolidation of the many remaining small school districts in Illinois for purposes of improvement of educational services and better economy. Such consolidation would give impetus to the establishment of special classes to serve the larger districts, whereas limited enrollment in many unconsolidated districts makes such classes impossible.

Adaptations of the secondary school curricula should be made for the mentally handicapped adolescent, through provision for individual instruction in regular classes or special classes and schools, or by a home training and teaching program[1] in rural areas under the supervision of traveling teachers. A well-planned program of habit training and vocational and industrial training is needed, with a view toward returning as many patients as possible to the community. Likewise, extension of the program downward to include the younger mentally handicapped child should be made. This would fill two of the greatest needs in the Illinois educational program.

State-wide standards for teacher training and certification which have been established with respect to local public schools should be extended to include public and private institutions for the mentally retarded, in order that teachers be trained to recognize problems and intelligently guide the training of their charges. Organized courses should be instituted for training of teachers in service as well as for new teachers. Such teachers should be selected on the basis of their natural aptitudes and their interest in the prob-

[1] See "A Home Training and Teaching Program for Mentally Defective Children to Be Taught by Parents in the Home," by Marion A. Nugent in *American Journal of Mentally Deficiency*, Vol. XLV, No. 1, July 1940, for a description of the operation of such a program in Massachusetts.

lem of the educable mentally handicapped child. Every means, including additional scholarships to provide opportunity for study, and salary differentials for teachers of special classes in recognition of additional requirements and training, must be employed to encourage qualified people to enter this field.

The inadequacy of present institutional facilities can be remedied by making various changes and additions.[1] In the first place, the development of a well-rounded educational and vocational program and the minimizing of the custodial aspects of institutionalization at Lincoln and Dixon require an increase of staff—psychologists, social workers, teachers, occupational therapists, physicians, and attendants. In this connection, it must be stressed that adequate salaries are imperative to attract competent persons and to prevent the disorganizing effects of frequent staff turnover.

Provisions should be made for academic, vocational, and social training supplemented by cottage and colony systems for the educable mental defectives who can be trained to return to the community or who need more than outside supervision. For these, institutional care is often not necessary. Such a program may also include mentally retarded pupils who reside in rural or scarcely populated areas where special classes are not available and who may be admitted, without court commitment, to the training institution for a brief training period.

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[1] Detailed recommendations for improving the institutional services in Illinois may be found in the report of the "Sommer Committee on the Release and Training Program at Lincoln State School and Colony and Dixon State Hospital," (Chicago: Neuropsychiatric Institute, 1942), and the unpublished report of Dr. Samuel W. Hamilton, "A Survey of the Lincoln State School and Colony," made under the auspices of the United States Public Health Service, 1941.

The establishment of farm and industrial colonies for mental defectives is highly recommended, both to relieve pressure on the state schools and to provide specialized training for those potential wage-earners who are adaptable to community life. A provision should also be made for the mentally defective delinquent other than the established custodial institutions now in existence.

Social Service. Throughout the state, auxiliary services of visiting teachers and school counsellors should be expanded to meet the need for assisting parents in handling adjustment problems of preschool as well as school age children; to aid in the social and occupational adjustment of mentally handicapped children; and to interpret the problem to the community. Such services should also be provided for the preschool mentally retarded child. It is imperative that social service be expanded to provide a followup program for those children who may need supervision after finishing their education.

The Illinois law provides that mental defectives may be committed to the Department of Public Welfare as wards of the state. This provision has been operative only when such persons are committed to the state schools. This procedure should be utilized to full advantage, encompassing all mentally deficient children who need the care and supervision of the state, in order that services be provided in the home and community for thousands of children now neglected, and that there be a continuity of service. In smaller communities, the extension of school nurse facilities, with nurses trained in mental hygiene and psychology, would provide an excellent resource. Such care given now would avoid the expense to the taxpayers for large

numbers of these children of years of custodial care in correctional institutions or support as dependents in later life.

There is some provision made for social service study and investigation of cases committed by the courts to Lincoln and Dixon, to private institutions, or to children released to private guardianship. However, additional social service staff is urgently needed so that a more adequate and extensive program can be provided. Such studies should be made in all cases to facilitate suitable placement plans and followup care. The social welfare considerations involved entail considerable expansion of the social work staff of the institutions. In this connection, it is recommended that parole and discharge, at present a function of the courts, be placed under the control of the managing officers and that acceptance of voluntary admissions be made possible without court procedure. In many cases much of the burden on state schools could be relieved through establishment of a small receiving home where mentally deficient children could be received for short-time care and observation and direct boarding-home placement without institutionalization. Such a receiving home could also serve as a placement agency for the state schools and would add to the limited diagnostic services existing in Illinois.

Fullest utilization should be made of child welfare services offered under the Federal Social Security program. Under the Maternal and Child Health program, identification of defectives is facilitated, and counseling service provided for parents in the training and treatment of retarded children. Well baby clinics and child welfare programs should be alert in the recognition of needs of handicapped children and should

provide specialized counseling and guidance for their parents.

Private physicians and nurses who are often the first to come in contact with the mentally deficient children should be aware of the problem and should be able to suggest sources where early and adequate identification and training may be obtained. Suggestions should also stress and encourage parental acceptance of such children.

Identification and Diagnosis. Fundamental to the establishment of such a program in Illinois is a state-wide system of case-finding and registration of all mental defectives. A selective central registry could be started by collecting data now in the hands of schools, courts, correctional institutions, and public and private institutions and agencies. A continuing official school census should be authorized providing for examination of all children retarded three years or more in school, with permissive examination of those less retarded, and for examination of all entering school children. In addition, all children in correctional institutions should be examined to determine proper placement. Such examinations require the services of school psychologists, extension of the work of the Institute for Juvenile Research, and full-time traveling units from each of the state teachers colleges and the state schools.

Vocational. Extensive and coordinated plans for vocational education, guidance, training, and placement, with follow-up care and supervision, are urgent. This could be accomplished through the services of the Division for Vocational Rehabilitation and by extending those of the State Employment Service to handle the occupational adjustment needs of special

class pupils and institutionally trained defectives, and provide a liaison between employable retardates and employers. A cataloging by local, state, and federal employment agencies of occupations open to the mentally handicapped, and maintenance of employment lists for them is essential.

Education of the Public. Since progress will depend upon the degree to which the program gains public understanding, acceptance, and support, a fundamental aspect of the work consists of promoting community understanding of the problems of the educable mentally handicapped child, both among lay and professional persons. Public enlightenment can be promoted through publications, public meetings, exhibits, conferences, parent-teacher meetings, the radio, and demonstrations. A sufficient public demand must be created through organizations and the leadership of influential persons. Then administrators and legislators can move ahead with the knowledge that they are doing what the public *wants* them to do.

Research. Basic in development and maintenance of a vigorous program is continuing medical, social, and educational research with the results practically applied to the operation of the program. The following surveys should be made on a state-wide basis: (1) the number of mentally handicapped children and the nature of their retardation; (2) educational facilities available and needed; (3) the mental status of children in correctional institutions, to sift out those who should not be placed there; (4) occupational histories of children trained in special classes and institutions, to determine the degree to which the training they have received is adaptable to opportunities for

employment in Illinois, whether they have been wisely placed, or whether other types of training are indicated; (5) employment opportunities in Illinois for the mentally retarded; (6) follow-up studies of social adjustment of the mentally retarded, with a view to making appropriate curricular changes where needed.

Although all objectives are not at once attainable, there is a definite goal toward which to work: a statewide program based upon development of local resources and facilities, with participation by the state at all points in the program where financial support, supervision, and coordinated planning are needed, and with a system of institutions for those children who cannot profit from education elsewhere.

Adequate educational provisions for the mentally handicapped child are a form of social insurance, since the price to be paid for dangerous neglect in ignoring the problem and failing to utilize the assets and potentialities of these children is far in excess of the cost of the program. Kuhlmann has said of the mentally handicapped child:

> In most other lines of human endeavor progress has been less dependent upon the judgment and will of the public. It could hardly have been otherwise. We are dealing directly with human beings, and not with matters that may only indirectly affect their welfare. We are dealing with that part of human nature which ever since man became self-conscious has been looked upon as his most enviable possession—intelligence. . . . Unlike the physically crippled, it looks on mental deficiency as stigma and disgrace rather than as a misfortune.
>
> Thus it has come to pass that we deny him the right to the kind of rearing and training that he needs, and which we could give; the right to fit into a useful place in the world, which we could supply; and the right to happiness, although we *demand* all these for

the normal child and adult. And when we have done all this, we will speak more of the wrongs he does to society than of the wrongs society does to him. Truly, his greatest handicap is not the fact that he has failed to grow up mentally, but rather the neglect of an uninformed public that holds the key to his welfare but refuses to unlock the door.[1]

[1] Kuhlman, op. cit., pp. 19, 23-24.

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